

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office COMBINED DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	19414-06075
	First Named Inventor	Olivier Theytaz
	COMPLETE IF KNOWN	
	Application Number	Not yet known
	Filing Date	December 27, 2001
	Group Art Unit	Not yet known
	Examiner Name	Not yet known

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN OPTICAL ILLUMINATION SYSTEM AND METHOD

the specification of which (Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations. § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto.
60/290,268	05/10/2001	

1003342-12301

FOOTNOTES

DECLARATION				Page 2	
I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.					
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	
				Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.					
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:					
Name		Registration Number		Name	
David L. Hayes		34,838		Rajiv P. Patel	
John T. McNelis		37,186		Elaine Heal	
				Registration Number	
				39,327	
				44,149	
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
Please direct all correspondence to:					
Elaine M. Heal Fenwick & West LLP Two Palo Alto Square Palo Alto, CA 94306 U.S.A.					
Telephone		(650) 858-7113		Fax	
				(650) 494-1417	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Olivier		Middle Initial	
				Family Name	
				Theytaz	
Inventor's Signature					Date
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				Country	
				Switzerland	
Citizenship				Swiss	
Mailing Address		Av. Samson Reymondin 28			
Mailing Address					
City		Pully		State	
				Zip	
				1009	
Country				Switzerland	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Francis		Middle Initial		Family Name	Pilloud		Suffix	
Inventor's Signature						Date			
Residence: City	Clarens		State		Country	Switzerland		Citizenship	Swiss
Mailing Address	18, Rue du Port								
Mailing Address									
City	Clarens		State		Zip	1815		Country	Switzerland
Name of Additional Joint Inventor, if any:									
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Pascal		Middle Initial		Family Name	Eichenberger		Suffix	
Inventor's Signature						Date			
Residence: City	Lausanne		State		Country	Switzerland		Citizenship	Swiss
Mailing Address	Av. de Milan 30								
Mailing Address									
City	Lausanne		State		Zip	1007		Country	Switzerland
Name of Additional Joint Inventor, if any:									
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Mailing Address									
Mailing Address									
City			State		Zip			Country	
Name of Additional Joint Inventor, if any:									
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Mailing Address									
Mailing Address									
City			State		Zip			Country	
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Inventor's Signature						Date			
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Mailing Address									
Mailing Address									
City			State		Zip			Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									